



STATE MEDICAID DUR BOARD MEETING
THURSDAY, August 12, 2010
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114



MINUTES

Board Members Present:

Neal Catalano, R.Ph.
Tony Dalpiaz, PharmD.
Brad Hare, M.D.
Joseph Miner, M.D.
Joseph Yau, M.D.

Kathy Goodfellow, R.Ph.
Dominic DeRose, R.Ph.
Wilhelm Lehmann, M.D.
Cris Cowley, M.D.

Board Members Excused:

Mark Balk, PharmD.
Bradley Pace, PA-C

Peter Knudson, DDS

Dept. of Health/Div. of Health Care Financing Staff Present:

Jennifer Zeleny, CPhT., MPH
Lisa Hulbert, R.Ph.
Merelynn Berrett, R.N.
Angela Handrahan, R.N.
Marisha Kissel, R.N.

Tim Morley, R.Ph.
Brian Hardy, R.Ph., MBA
Richard Sorenson, R.N.
Amber Kelley, R.N.
Heather Santacruz, R.N.

Other Individuals Present:

Sabrina Aery, BMS
Bryan Larson, U of U
Lori Howarth, Bayer
Joanne Lafleur, U of U
Carrie Ann Madden, U of U
Carma Graworutic, Sanofi Aventis
Kurt Steinbridge, GSK

Scott Clegg, Lilly
Jay Jennings, Sanofi Aventis
Pat Wiseman, Medimmune
Gary Oderda, U of U
Damon Cox, Merz
Jeff Buel, J&J

Meeting conducted by: Wilhelm Lehmann, M.D.

- 1 Review and Approval of Minutes: The minutes were reviewed. Tony Dalpiaz moved to approve the minutes. Kathy Goodfellow seconded the motion. The motion passed unanimously by Kathy Goodfellow, Dr. Lehmann, Dr. Dalpiaz, Neal Catalano, Dominic DeRose, Dr. Yau, and Dr. Miner.
- 2 Housekeeping: Two new Prior Authorization nurses, Heather Santacruz and Angela Handrahan were introduced. Brian Hardy, new pharmacist in Pharmacy Policy, was introduced.

- 3 P&T Committee Report: Lisa Hulbert addressed the Board. The P&T Committee has made recommendations on the Low Molecular Weight Heparins, the Anti Emetics, and the Prostaglandin and Alpha Adrenergic Eye Drops. Medicaid is awaiting management approval to implement those categories.
- 4 Me-too Isomers: Dr. Bryan Larson and Dr. Gary Oderda from the University of Utah Pharmacy Outcomes Research Center addressed the Board and presented research on the me-too isomers that are marketed. Recommendations were presented on how to generally handle me-too isomers now and as more come to market.

Tim asked if dose-escalation on the racemic mixture should be required instead of initiation of the active isomer, since many of the single isomer drugs are really four times the dose of the active isomer in the racemic mixture. Dr. Larson felt this was a reasonable approach.

Dr. Miner asked if it is reasonable to institute this policy if the single enantiomer drug is less costly. Dr. Larson felt that it was reasonable, since many of these drugs are brought to market at a lower cost when a patent is about to expire on the racemic mixture.

Dr. Lehmann asked how existing PA's would be handled. Dexilant, for example, is on the PDL. Lisa stated that would be handled as an exception, since the cost data presented by the University does not consider primary and secondary rebates.

The Board felt that it was important that a grandfather clause be in there to avoid disrupting existing stable therapies.

Dr. Lehmann asked how it would be handled if data demonstrated superior safety and efficacy for the enantiomer. Dr. Oderda thought that the sponsor of the drug would bring that to the attention of Medicaid and prompt a review.

Lisa stated that this proposed PA would not include mental health drugs. Tim Morley explained that Medicaid has been asked to not delve into that area due to outside interests exerting themselves. The DUR Board may take action on those drugs, but Medicaid will not implement any recommendations until the climate allows for it.

Dr. Yau felt that the information presented was very helpful, and suggested educational articles in the Amber Sheet or MIB for providers.

The Board asked if this was a general approach or if new drugs in this category will come to the Board. Tim stated that the drugs would come to the Board if there were special considerations that warranted discussion.

Dr. Miner moved to adopt the recommendations as presented, with the grandfathering of those already on the medication but educational materials sent to the prescribers explaining the benefits of the less costly option. Dr. Hare seconded the motion. The motion passed unanimously by Kathy Goodfellow, Dr. Lehmann, Dr. Dalpiaz, Neal Catalano, Dominic

DeRose, Dr. Hare, Dr. Cowley, Dr. Yau, and Dr. Miner.

- 5 Zofran: Lisa Hulbert addressed the Board. The up-front cost on Zofran has decreased significantly. Utilization data on the anti-emetics class and the approval rate on PA's were provided to the Board. Suggestion was made to remove the PA on Zofran.

Dr. Miner moved to remove the PA due to the benefits of Zofran over Promethazine and similar drugs. Kathy Goodfellow seconded the motion. The motion passed unanimously by Kathy Goodfellow, Dr. Lehmann, Dr. Dalpiaz, Neal Catalano, Dominic DeRose, Dr. Hare, Dr. Cowley, Dr. Yau, and Dr. Miner.

The PA nurses asked if this applies to all dosage forms. All dosage forms of Zofran will be available without a PA, although quantity limits may still apply.

- 6 Lovenox Review: Lisa Hulbert addressed the Board. Medicaid is denying almost no requests for this drug. The Board may want to consider removing the PA.

Tim Morley asked the practitioners on the Board how many of the warfarin clients would be switched to Lovenox. Dr. Miner did not think that patients would avoid switching from Lovenox to Coumadin, but may take longer to get to Coumadin. The other practitioners thought that could be possible. The PA nurses agreed that some practitioners would like more time for Coumadin bridging. The cases where the providers would like Lovenox for months at a time typically go to the Board and end up approved.

The Board suggested that Medicaid could monitor utilization and re-institute the PA if there was a spike. The Board also suggested quantity limits, and possibly allowing longer courses of therapy only for ICD.9 codes related to pregnancy or cancer.

The Board asked if a specific days supplied limitation could be linked to an ICD.9 code, so that the pharmacies and patient would not need to call for overrides if the diagnosis was in the system for a specified duration of time. Lisa stated that she will ask the programmers about this.

Dr. Miner moved to allow 15 days of therapy without PA, unless there is a diagnosis of cancer or pregnancy, with no restriction on total dose per day. Neal Catalano seconded the motion. The motion passed unanimously by Kathy Goodfellow, Dr. Lehmann, Dr. Dalpiaz, Neal Catalano, Dominic DeRose, Dr. Hare, Dr. Cowley, Dr. Yau, and Dr. Miner.

The next DUR Board meeting was scheduled for Thursday September 9, 2010.

The DUR Board Prior Approval Subcommittee to considered 3 petitions this month. 1 was approved.

Minutes prepared by Jennifer Zeleny